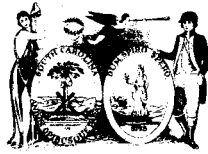


State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200  
COLUMBIA, S.C. 29201

THOMAS L. WAGNER, JR., CPA  
STATE AUDITOR

(803) 253-4160  
FAX (803) 343-0723

May 25, 2004

Mr. John Twitty, Controller  
Health Management Resources  
101 Grace Drive  
Easley, South Carolina 29640

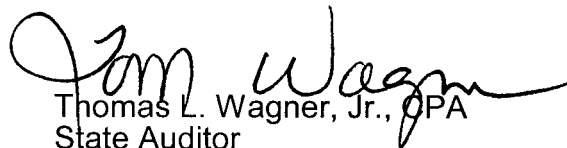
Re: AC# 3-GNC-J1 – Greenville Nursing Center, Inc.

Dear Mr. Twitty:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 2000 through September 30, 2001. That report was used to set the rate covering the contract period beginning January 1, 2003.

We are recommending that the Department of Health and Human Services certify an accounts receivable to recover amounts due as a result of the rate change shown on Exhibit A. You will be notified of repayment terms by that Agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the Code of Laws of South Carolina, 1976 as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.

  
Thomas L. Wagner, Jr., CPA  
State Auditor

TLWjr/cwc

cc: Ms. Brenda L. Hyleman  
Mr. Jeff Saxon  
Mr. Joseph P. Hayes

**GREENVILLE NURSING CENTER, INC.**

**GREENVILLE, SOUTH CAROLINA**

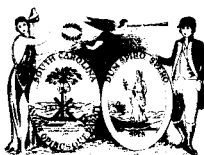
**CONTRACT PERIOD  
BEGINNING JANUARY 1, 2003  
AC# 3-GNC-J1**

**AGREED-UPON PROCEDURES REPORT  
ON CONTRACT  
FOR  
PURCHASE OF NURSING CARE SERVICES  
WITH  
STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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# State of South Carolina



## Office of the State Auditor

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### INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

February 26, 2004

Department of Health and Human Services  
State of South Carolina  
Columbia, South Carolina

We have performed the procedures enumerated below, which were agreed to by the South Carolina Department of Health and Human Services, solely to compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with Greenville Nursing Center, Inc., for the contract period beginning January 1, 2003, and for the twelve month cost report period ended September 30, 2001, as set forth in the accompanying schedules. The management of Greenville Nursing Center, Inc. is responsible for the Financial and Statistical Report for Nursing Homes and supporting accounting and statistical records. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the South Carolina Department of Health and Human Services. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

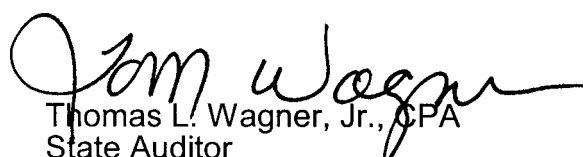
The procedures and the associated findings are as follows:

1. We selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by Greenville Nursing Center, Inc., to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the Provider. Our findings as a result of these procedures are presented in the Adjustment Report, Summary of Costs and Total Patient Days, and Cost of Capital Reimbursement Analysis sections of this report.
2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contract between the South Carolina Department of Health and Human Services and Greenville Nursing Center, Inc. dated as of October 1, 2001 as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computation of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services  
State of South Carolina  
February 26, 2004

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on the financial statements or a part thereof. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.



Thomas L. Wagner, Jr., CPA  
State Auditor

**GREENVILLE NURSING CENTER, INC.**

Computation of Rate Change  
For the Contract Period  
Beginning January 1, 2003  
AC# 3-GNC-J1

	01/01/03- <u>09/30/03</u>
Interim Reimbursement Rate (1)	\$111.33
Adjusted Reimbursement Rate	<u>110.86</u>
Decrease in Reimbursement Rate	\$ <u>.47</u>

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated May 8, 2003

**GREENVILLE NURSING CENTER, INC.**  
Computation of Adjusted Reimbursement Rate  
For the Contract Period January 1, 2003 Through September 30, 2003  
AC# 3-GNC-J1

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$ 56.12	\$63.44	
Dietary		10.94	11.63	
Laundry/Housekeeping/Maintenance		<u>10.96</u>	<u>10.22</u>	
Subtotal	\$ <u>5.97</u>	78.02	85.29	\$ 78.02
Administration & Medical Records	\$ <u>.74</u>	<u>11.89</u>	<u>12.63</u>	<u>11.89</u>
Subtotal		89.91	<u>\$97.92</u>	89.91
<u>Costs Not Subject to Standards:</u>				
Utilities		2.18		2.18
Special Services		.07		.07
Medical Supplies & Oxygen		4.99		4.99
Taxes and Insurance		2.88		2.88
Legal Fees		<u>.16</u>		<u>.16</u>
<b>TOTAL</b>		<u>\$100.19</u>		100.19
Inflation Factor (3.70%)				3.71
Cost of Capital				6.60
Cost of Capital Limitation				(1.39)
Profit Incentive (Maximum 3.5% of Allowable Cost)				.74
Cost Incentive				5.97
Effect of \$1.75 Cap on Cost/Profit Incentives				<u>(4.96)</u>
ADJUSTED REIMBURSEMENT RATE				<u>\$110.86</u>

**GREENVILLE NURSING CENTER, INC.**  
Summary of Costs and Total Patient Days  
For the Cost Report Period Ended September 30, 2001  
AC# 3-GNC-J1

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&amp;HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
General Services	\$1,562,726	\$ -	\$ 9,186 (5)	\$1,553,540
Dietary	302,850	-	-	302,850
Laundry	96,781	-	-	96,781
Housekeeping	121,762	-	-	121,762
Maintenance	84,848	-	-	84,848
Administration & Medical Records	329,088	-	-	329,088
Utilities	60,340	-	-	60,340
Special Services	2,020	-	-	2,020
Medical Supplies & Oxygen	139,721	-	1,630 (1)	138,091
Taxes and Insurance	81,698	-	1,852 (2)	79,846
Legal Fees	4,567	-	-	4,567
Cost of Capital	144,223	32,038 (4) <u>7,454 (5)</u>	912 (3)	182,803
Subtotal	2,930,624	39,492	13,580	2,956,536



**GREENVILLE NURSING CENTER, INC.**  
Summary of Costs and Total Patient Days  
For the Cost Report Period Ended September 30, 2001  
AC# 3-GNC-J1

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&amp;HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
Ancillary	108,983	-	-	108,983
Nonallowable	282,360	1,630 (1)	32,038 (4)	253,804
	<u>          </u>	<u>1,852 (2)</u>	<u>          </u>	<u>          </u>
Total Operating Expenses	<u>\$3,321,967</u>	<u>\$42,974</u>	<u>\$45,618</u>	<u>\$3,319,323</u>
Total Patient Days	<u>27,682</u>	<u>-</u>	<u>-</u>	<u>27,682</u>
Total Beds	<u>79</u>			

**GREENVILLE NURSING CENTER, INC.**  
Adjustment Report  
Cost Report Period Ended September 30, 2001  
AC# 3-GNC-J1

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Nonallowable Medical Supplies	\$ 1,630	\$ 1,630
	To reclassify expense to the proper cost center HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
2	Nonallowable Taxes and Insurance	1,852	1,852
	To adjust general insurance expense HIM-15-1, Section 2302.1 State Plan, Attachment 4.19D		
3	Fixed Assets	6,885	
	Cost of Capital		912
	Accumulated Depreciation		4,928
	Other Equity		1,045
	To adjust fixed assets and related depreciation HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
4	Cost of Capital Nonallowable	32,038	32,038
	To adjust capital return State Plan, Attachment 4.19D		

**GREENVILLE NURSING CENTER, INC.**  
Adjustment Report  
Cost Report Period Ended September 30, 2001  
AC# 3-GNC-J1

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
5	Fixed Assets	22,362	
	Cost of Capital	7,454	
	Other Equity		11,934
	Accumulated Depreciation		8,696
	Nursing		9,186
	To capitalize asset		
	HIM-15-1, Section 110		
	State Plan, Attachment 4.19D		
		<hr/>	<hr/>
	TOTAL ADJUSTMENTS	<u>\$72,221</u>	<u>\$72,221</u>

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

**GREENVILLE NURSING CENTER, INC.**  
Cost of Capital Reimbursement Analysis  
For the Cost Report Period Ended September 30, 2001  
AC# 3-GNC-J1

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	<u>2.4607</u>
Deemed Asset Value (Per Bed)	38,431
Number of Beds	<u>79</u>
Deemed Asset Value	3,036,049
Improvements Since 1981	244,315
Accumulated Depreciation at 9/30/01	<u>(662,635)</u>
Deemed Depreciated Value	2,617,729
Market Rate of Return	<u>.0577</u>
Total Annual Return	151,043
Return Applicable to Non-Reimbursable Cost Centers	-
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Annual Return	151,043
Depreciation Expense	31,761
Amortization Expense	-
Capital Related Income Offsets	(1)
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Cost of Capital Expense	182,803
Total Patient Days (Minimum 96% Occupancy)	<u>27,682</u>
Cost of Capital Per Diem	\$ <u><u>6.60</u></u>

**GREENVILLE NURSING CENTER, INC.**  
Cost of Capital Reimbursement Analysis  
For the Cost Report Period Ended September 30, 2001  
AC# 3-GNC-J1

6/30/89 Cost of Capital and Return on Equity	
Capital Per Diem Reimbursement	\$ 1.22
Adjustment for Maximum Increase	<u>3.99</u>
Maximum Cost of Capital Per Diem	\$ <u>5.21</u>
Reimbursable Cost of Capital Per Diem	\$ 5.21
Cost of Capital Per Diem	<u>6.60</u>
Cost of Capital Per Diem Limitation	\$ <u>(1.39)</u>

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